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Research Article

Parenting Efficacy and Health-promoting Behaviors for Children of Mothers from Native and Multicultural Families in Korea

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SUMMARY

Purpose: The aim of this study was to examine the levels of parenting efficacy and health-promoting behaviors for children of mothers, and to explore the relationships between parenting efficacy and the behaviors of mothers from native and multicultural families in South Korea.
Methods: Data was collected by a self-report questionnaire completed by 258 mothers who had 6-month to 36-month-old children attending kindergartens or multicultural family support centers located in Seoul and in Gyeounggi Province, South Korea.
Results: No significant difference in parenting efficacy was found, depending on the maternal country of origin. However, Chinese mothers performed health-promoting behaviors more frequently for their children than Korean and Vietnamese mothers did ($F = 6.87$, $p < .001$). The significant positive correlations between parenting efficacy and maternal health-promoting behaviors for children were found, regardless of maternal country of origin ($r = .57$, $p < .001$ for Korean, $r = .42$, $p < .001$ for Chinese, and $r = .40$, $p < .001$ for Vietnamese mothers).
Conclusions: Since maternal health-promoting behaviors were different depending on the native country of the mothers, maternal country of origin should be considered in designing programs for improving maternal health-promoting behaviors for their children. In addition, increasing the level of parenting efficacy can be an effective way for improvement of maternal health-promoting behaviors.

Introduction

The number of multicultural families, Korean men or women with non-Korean partners, has increased in recent years in South Korea. During the first decade of this century, the percentage of newly formed multicultural families by marriage in Korea rose to 10.5% in 2010 from 4.6% in 2001 [1]. Although since 2010, the percentage of newly formed multicultural families dropped slightly to 8.7%, the number of multicultural families is on the rise [1]. The majority of multicultural families are composed of a Korean husband and non-Korean wife [2]. As the number of multicultural families rose, the number of children from multicultural families also increased [1]. Because mothers in multicultural families experience difficulties with child-rearing [3,4,5], the concerns about maternal behaviors for the children has been increasing, as maternal behaviors may influence the health status of the children.

Maternal health-promoting behaviors should be examined for improving children's health. Maternal behaviors for their children are important because their behaviors influence the health status of the children, which can affect the rest of their children's lives [5,6]. Parenting efficacy, which relates to the parents' competence and confidence in handling problems related to child rearing [7], has been examined as a contributing factor to maternal behaviors. Many studies have supported that parenting efficacy and maternal behaviors are positively associated [5,8,9]). The health-promoting behaviors of mothers—mothers' motivated efforts to expand positive potential health for the best health status of their children [10]—are also known to be related to maternal parenting efficacy [10]. Considering the significant relationships between parenting efficacy and the mothers' health-promoting behaviors for children, it is necessary to examine the parenting efficacy and health-promoting behaviors among mothers from multicultural families.

Parenting efficacy and health-promoting behaviors of mothers from multicultural families may differ from care provided by mothers from the native culture. In some instances, mothers from

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multicultural families, who face cultural differences between mainstream culture and their own [11], have been observed to experience difficulties with childrearing [12]. Those difficulties may, in turn, influence maternal parenting efficacy [13,14]. Several maternal behaviors differ, based on the mother's native country. For example, Min et al. [15] reported that mothers' understanding of and preparation of baby food often resulted in a behavioral difference. Thus, examining the health-promoting behaviors for the children of mothers from multicultural families is important for improving the health status of children, especially infants and toddlers.

Despite the increasing number of multicultural families in Korea, parenting efficacy and health-promoting behaviors of mothers from multicultural families in Korea have been less focused on, compared to studies examining native Korean mothers. In addition, little is known about the difference of mothers from native Korean and multicultural families. Unless the similarities and the differences of maternal behaviors are clarified, appropriate interventions cannot be provided, which may influence the health status of children. Thus, the purpose of this study is to examine the level of parenting efficacy and health-promoting behaviors for children of mothers from native and multicultural families in Korea and to explore the relationships between parenting efficacy and health-promoting behaviors. In this study, the definition of "multicultural family" is limited to the most common type in Korea: a family consisting of a Korean husband, an Asian immigrant wife, and their children.

Methods

Study design

A cross-sectional study was used to examine the health-promoting behaviors for children of native Korean, Chinese, and Vietnamese mothers living in South Korea.

Setting and sample

The participants of the research included (a) native Korean mothers who had 6-month to 36-month-old children attending preschools in the City of Seoul and in Gyeonggi Province (the suburbs of Seoul), South Korea, and (b) Chinese or Vietnamese mothers married to Korean men, visited multicultural family support centers located in the same neighborhood within a district, and had a 6-month to 36-month-old child who attended a preschool. If mothers had two or more children aged 6–36 months, they were asked to focus on the child who attended the selected preschool.

Using G*power 3.1 with effect size of 0.25 (medium), alpha at .05, power at .8, the total sample size is 158. Considering the dropout rate, the minimum sample size per group was 80. In total, 300 questionnaires were distributed and 273 were returned. After excluding the questionnaires with incomplete answers, there were 258 mothers who participated in this study: 91 Korean, 87 Chinese, and 80 Vietnamese.

Measurements/instruments

The revised Parenting Sense of Competence and the Behaviors to Promote Children's Health were used to examine parenting efficacy and maternal health-promoting behaviors for their children. To aid the comprehension of the mothers from multicultural families, the questionnaire was translated into Chinese and Vietnamese by two translators who speak Chinese and Korean, or Vietnamese and Korean. Two independent translators reviewed the translated versions of the questionnaires. The time needed to respond to all the questions was about 20 minutes.

Parenting efficacy

Gibaud-Wallston and Wandersman [16] developed the Parenting Sense of Competence (PSOC). The original PSOC has 17 self-reported items for measuring the competency of parents in raising their children. The translated and revised PSOC [17] includes a total of 13 items, 9 items for parenting efficacy and 4 items for the role of parents. In an earlier study, Kim and Lee [18] used only nine items for parenting efficacy to examine the level of parenting efficacy of mothers from multicultural families. Possible answers range from 1 "strongly disagree" to 5 "strongly agree". A higher score indicates higher parenting efficacy. The Cronbach's alpha for revised PSOC with Korean mothers was .78 [17]. The Cronbach's alpha for revised PSOC, containing nine items for parenting efficacy, with a sample of mothers from multicultural families was .93 [18].

Health-promoting behaviors for children

The Behaviors to Promote Children's Health developed by Kim et al. [19] was used to measure health-promoting behaviors of mothers for their infants and the toddlers. This tool contains 35 items, consisting of 7 criteria: safety (6 items), emotional support/endeavor (7 items), activity/rest (4 items), prevention of illness (5 items), wearing proper clothing (3 items), nutrition (5 items), and cleansing (5 items). Possible answers range from 1 to 4. Averages for each criterion were calculated with higher scores indicating that mothers more frequently perform the health-promoting behaviors for their children. The internal consistency of the original study was .88 [19].

Data collection/procedure

Approval from the Institutional Review Board was obtained from Seoul National University, and permissions were obtained from the principals of selected preschools or the presidents of centers, after the purpose and process of the study was explained. Consent from participants was obtained onsite prior to data collection. Mothers who were willing to participate in the study were informed that they could discontinue their participation in the study at any time. Mothers were given study packets, including demographic questionnaires and other instruments, and were asked to return the completed questionnaires to the researcher.

Data analysis

Data were analyzed using PASW Statistics for Windows, Version 18 (SPSS Inc. Chicago, IL, USA). Descriptive statistics were used to explain the characteristics of participants. Analysis of variance was used to compare health-promoting behaviors for infants and toddlers of mothers from native and multicultural families in Korea. Tukey's test was also used to explore which group of maternal behaviors was significantly different. Analysis of covariance was used to examine differences in health-promoting behaviors of mothers for children after controlling for significantly different demographic characteristics. To identify the relationships between parenting efficacy and health-promoting behaviors for children, Pearson's correlation was used.

Results

Demographic characteristics of the mothers

The demographic characteristics of the mothers are summarized in Table 1. Among the 258 mothers in this study, 91 were Korean, 87 were Chinese, and 80 were Vietnamese. Maternal age,

Table 1 *General characteristics of mothers (N = 258).*

Variables	Korea ($n = 91$)	China ($n = 87$)	Vietnam ($n = 80$)	F/χ^2	p
	n (%) or M± SD	n (%) or M± SD	n (%) or M± SD		
Age (years)	34.2 ± 3.7	32.1 ± 4.6	27.1 ± 4.2	65.75	< .001
Education					
≤ Middle school	1 (1.1)	24 (27.6)	38 (47.5)	116.32	< .001
High school	12 (13.2)	24 (27.6)	30 (37.5)		
College and above	78 (85.7)	39 (44.8)	6 (7.5)		
Household income [a]					
< 200	10 (11.0)	27 (31.0)	18 (37.5)	66.79	< .001
200 - 299	17 (18.7)	31 (35.6)	26 (54.2)		
300 - 399	29 (31.9)	23 (26.4)	4 (8.3)		
400 ≤	35 (38.5)	6 (6.9)	0 (0.0)		
Employment					
Employed	56 (61.5)	14 (16.1)	17 (21.3)	49.17	< .001
Unemployed	35 (38.5)	73 (83.9)	63 (78.8)		
Number of children					
1	36 (39.6)	59 (67.8)	57 (71.3)	28.74	< .001
2	39 (42.9)	25 (28.7)	21 (26.3)		
3	16 (17.6)	3 (3.4)	2 (2.5)		
Gender of the child					
Boy	52 (57.1)	41 (47.1)	39 (48.8)	2.06	.358
Girl	39 (42.9)	46 (52.9)	41 (51.3)		
Birth order of the child					
1st	48 (52.7)	64 (73.6)	57 (71.3)	13.20	.010
2nd	32 (35.2)	19 (21.8)	21 (26.3)		
3rd	11 (12.1)	4 (4.6)	2 (2.5)		
Age of the child (month)	24.6 ± 9.8	25.6 ± 10.5	23.2 ± 11.1	1.09	.339
Duration of living in Korea (month)	–	55.5 ± 31.7	46.8 ± 25.4	3.83	.052

Note: [a] Household income was measured by 10,000 won per month. 10,000 won is approximately US$10. $n = 48$ for Vietnamese mothers due to missing values.

education, household income, employment, number of children, and birth order of the 6-month to 36-month-old children enrolled in the study were statistically different based on the countries that the mothers came from.

The Korean mothers were likely to be older, employed, and with higher levels of education compared to the Chinese and the Vietnamese mothers. Most Korean mothers reported that their household income was more than 4 million won per month (38.5%), while the Chinese and the Vietnamese mothers most often reported 2–2.99 million won (35.6% and 54.2%, respectively, $\chi^2 = 66.79$, $p < .001$). Interestingly, 40.0 mothers did not respond to the question about household income. The Chinese and the Vietnamese mothers were likely to have an only child, compared to the Korean mothers ($\chi^2 = 28.74$, $p < .001$). More Korean mothers may have had prior experience in raising a child because 60.4% of them had more than one child. In addition, half the Korean mothers in this study reported that their 6-month to 36-month-old children were their second or third offspring. The significantly different demographic variables—maternal age, education, household income, employment, number of children, and birth order of the child—were used as covariates for the correction of the difference between characteristics of mothers.

Parenting efficacy

Parenting efficacy is summarized in Table 2. The Korean mothers had lower parenting efficacy than the Chinese and the Vietnamese mothers; however, this finding was not statistically significant ($F = 2.91$, $p = .057$). There was no significant difference in parenting efficacy among mothers from the three countries, after controlling for maternal age, education, employment, household income, number of children, and birth order of the children ($F = 2.77$, $p = .065$).

Health-promoting behaviors for children

Table 3 represents the maternal behaviors for their children's health. The total scores were significantly different based on the maternal native country ($F = 6.87$, $p < .001$). There were significant differences in all the criteria except emotional support/endeavor by the countries that the mothers came from. The most frequent behavior performed by the Korean mothers was ensuring safety, followed by proper clothing, prevention of illness, emotional support/endeavor, cleansing, activity/rest, and nutrition. The Chinese mothers most frequently engaged in ensuring the wearing of proper clothing and safety. The other areas followed in the order of prevention of illness, cleansing, emotional support/endeavor, nutrition, and activity/rest. Based on the responses of the Vietnamese mothers, cleansing was the most frequently performed criterion followed by ensuring proper clothing, emotional support/endeavor, prevention of illness, safety, activity/rest, and nutrition.

After controlling for the significantly different maternal characteristics, the total scores of health-promoting behaviors for children were significantly different based on maternal country of origin ($F = 7.98$, $p < .001$). The Chinese mothers performed overall health-promoting behaviors for children significantly more frequently than did the Korean and the Vietnamese mothers.

Correlations of parenting efficacy and health-promoting behaviors for children of mothers

Correlations of parenting efficacy and health-promoting behaviors for children of mothers were summarized in Table 4. Regardless of the native country of the mother, maternal parenting efficacy and health-promoting behaviors for their children were significantly positively related ($r = .57$, $p < .001$ for Korean; $r = .42$, $p < .001$ for Chinese; and $r = .40$, $p < .001$ for Vietnamese mothers). All sub-criteria of maternal health-promoting behaviors for their children were positively correlated with parenting efficacy of mother from both native Korean and multicultural families.

Discussion

The parenting efficacy of Chinese and Vietnamese mothers was higher than that of Korean mothers, although this finding was not statistically significant. The results of this study related to parenting efficacy partially supported results from previous studies conducted by Kim and Lee [18] and Bae et al. [13]. On the other hand, Kim et al. [12] reported that the parenting efficacy of Vietnamese mothers was significantly lower than that of Chinese, Thai, and Filipina mothers. Although the association between maternal country of origin and parenting efficacy is inconclusive, the topic of maternal parenting efficacy is, nevertheless, worth investigating because previous research has shown that mothers are more likely to be depressed if their parenting efficacy is low [20], which might affect their actual behaviors in caring for their children. Further

Table 2 *Parenting efficacy of mothers (N = 258).*

Parenting efficacy	Korea ($n = 91$)	China ($n = 87$)	Vietnam ($n = 80$)	F	p
Raw	32.96 ± 5.67	34.54 ± 5.50	34.96 ± 6.13	2.91	.057
Adjusted†	32.94 ± 0.83	34.52 ± 0.65	35.02 ± 0.90	2.77	.065

Note: † Covariate: mother's age, educational level, household income, employment, number of children, birth order of the child.

Table 3 *Health-promoting behaviors for children of mothers (N = 258).*

Health-promoting behaviors	Korea (n = 91)	China (n = 87)	Vietnam (n = 80)	F	p	Tukey[a]
Total	3.31 ± 0.46	3.51 ± 0.34	3.32 ± 0.37	6.87	.001	b > a, c
Safety	3.49 ± 0.85	3.63 ± 0.41	3.30 ± 0.51	5.47	.005	b > c
Emotional support/ Endeavor	3.34 ± 3.35	3.46 ± 0.43	3.37 ± 0.40	1.74	.177	
Activity/Rest	3.21 ± 0.54	3.41 ± 0.46	3.27 ± 0.47	3.91	.021	b > a
Prevention of illness	3.35 ± 0.44	3.55 ± 0.38	3.36 ± 0.39	6.40	.002	b > a, c
Wearing proper clothing	3.37 ± 0.47	3.63 ± 0.44	3.38 ± 0.44	8.97	< .001	b > a, c
Nutrition	3.15 ± 0.59	3.41 ± 0.46	3.14 ± 0.48	7.86	< .001	b > a, c
Cleansing	3.24 ± 0.52	3.52 ± 0.45	3.45 ± 0.44	8.55	< .001	b > a
Adjusted[b]	3.23 ± 0.06	3.51 ± 0.04	3.42 ± 0.06	7.98	< .001	b > a, c

Note: [a] a stands for Korean, b for Chinese, and c for Vietnamese mothers. [b] Covariate: mother's age, educational level, household income, employment, number of children, birth order of the child.

Table 4 *Correlations of parenting efficacy and health-promoting behaviors for children of mothers (N = 258).*

Health-promoting behaviors	r/p	Parenting efficacy		
		Korea (n = 91)	China (n = 87)	Vietnam (n = 80)
Total	r	.57	.42	.40
	p	< .001	< .001	< .001
Safety	r	.25	.23	.38
	p	< .001	.031	.001
Emotional support/Endeavor	r	.56	.51	.34
	p	< .001	< .001	.002
Activity/Rest	r	.52	.31	.30
	p	< .001	.004	.002
Prevention of illness	r	.50	.28	.36
	p	< .001	.008	.001
Wearing proper clothing	r	.48	.25	.28
	p	< .001	.020	.011
Nutrition	r	.58	.29	.42
	p	< .001	.007	< .001
Cleansing	r	.51	.37	.40
	p	< .001	.001	< .001

studies are needed to examine the differences of parenting efficacy among mothers form multicultural families.

Regardless of maternal country of origin, participants in this study performed health-promoting behaviors more frequently, compared to the mothers in previous studies. The overall scores of health-promoting behaviors of the Korean mothers in this study were higher than the results found by Jeong [6] among 202 mothers who had 3-month to 36-month-old children. That is, the Korean mothers who participated in this study performed the health-promoting behaviors for their children more frequently than mothers from the study conducted by Jeong. The Chinese and the Vietnamese mothers in this study also performed health-promoting behaviors more frequently, compared to Shin's [21] research on mothers from multicultural families who had 0–6-year-old children. A possible explanation for different findings may result from differences in locations from which participants were recruited. The place of residence is a social determinant of health, because physical and social environments have been found to influence residents' health [22]. The Internet is the most frequent resource that mothers use in Korea for seeking information related to child-rearing [23,24]; however, depending on the place where people live, the frequency of the Internet use for health-related information differ [25]. Future research may examine Internet usage for searching health-related information, the place of residence, and maternal health-promoting behaviors for children in order to better understand external factors that may influence maternal behaviors for their children.

The specific behaviors that each group of mothers performed more frequently are different. In particular, the behaviors related to safety were higher than that found in the previous studies [5,21]. However, the Chinese mothers reported that behaviors related to safety were the most frequently performed, whereas the Vietnamese mothers ranked as fifth. The leading causes of death among infants and toddlers in Korea are reported to be accidents and neonatal diseases such as congenital diseases. However, accidents are preventable [26]. Therefore, the National Health Screening Program for infants and children in Korea, a required screening program for all infants and toddlers in Korea, includes education on how to prevent accidents and provide safe environments for children [27]. Extending education on safety to Vietnamese mothers might be helpful in encouraging their safety-related behaviors. Previous research has shown that mothers from multicultural families usually have difficulty in communicating in the Korean language and, thus, receive less information about child rearing [3,28]. Vietnamese mothers responded that communication in the Korean language was the most difficult problem they faced in raising children [28]. Therefore, providing programs for safety in the Vietnamese language might be an effective way to reach that population.

For nutrition, the Korean and the Vietnamese mothers ranked the lowest among the seven areas, while the Chinese mothers reported it was the sixth. This result was consistent with that of previous studies [5,21]. Bae and colleagues [13] found that mothers from multicultural families had difficulty with preparing baby food. Nutrition for infants and toddlers is important due to their rapid physical development [29]. It is necessary to examine why mothers perform nutrition-related behaviors the least frequently. Based on the findings from this study, both the Korean and the Vietnamese maternal behaviors related to nutrition and their parenting efficacy were moderately correlated. Thus, providing appropriate interventions to enhance the parenting efficacy can also be an effective way to make mothers perform nutrition-related behaviors more frequently.

Maternal cultural background might influence parenting efficacy and their behaviors for children. Often, mothers from multicultural families face cultural conflict with Korean family members. This is especially the case when Korean mothers-in-law seek to spend more time with their grandchildren because of their concerns about cultural differences introduced by foreign-born mothers [11]. As a result, mothers from other countries have fewer chances to take care of their own children. Mothers from multicultural families in Korea have reported cultural differences as a problem in raising their children in Korea [30,31]. Several researchers found that maternal acculturation and parenting efficacy are highly related [32,33,34]. Health-promoting behaviors of Chinese mothers were found in this study to be greater than those of Vietnamese mothers, which bring into question possible effects of cultural differences. However, acculturation or cultural difference was not measured in this study. Further studies are needed to examine parenting efficacy, maternal behaviors for children and maternal acculturation to verify whether culture can be an essential influencing factor for differences in parent behavior. In addition, it is necessary to identify the unique factors, including cultural factors that contribute to maternal behaviors depending on their native country, in order to develop culturally-appropriated interventions for improvement of maternal health-promoting behaviors for their children.

Parenting efficacy was positively correlated with maternal health-promoting behaviors for children, regardless of maternal country of origin. This finding is similar to the findings of Jeong [6]. The finding from this study supports other studies that have

reported parents with higher parenting efficacy participated in various parental behaviors more actively and frequently [13,17,35]. It would be helpful to find an effective way to increase maternal parenting efficacy for improvement of maternal behaviors for their children.

Conclusion

This study aims to examine parenting efficacy and health-promoting behaviors for children of Korean, Chinese, and Vietnamese mothers who are married to Korean men and live in South Korea. Parenting efficacy from three groups was not statistically different; however, maternal health-promoting behaviors were significantly different depending on maternal native country. The subcriteria that mothers focused more on were different, based on maternal native country. Therefore, it is necessary to consider maternal native country when nursing interventions for maternal behaviors for their children are provided. Regardless of maternal native country, the significantly positive correlations between parenting efficacy and maternal health-promoting behaviors for children were found. The effort to increase the level of parenting efficacy is effective in encouraging maternal health-promoting behaviors for their children. Further studies need to examine mothers from multicultural families more thoroughly (i.e., in-depth interview with mothers about their health-promoting behaviors, and examinations of maternal behaviors depending on their unique culture or their country of origin) in order to identify the culture-related contributing factors and to develop culturally appropriate nursing interventions for parenting efficacy and maternal health-promoting behaviors for their children.

The results from this study may not be generalized to all mothers from multicultural families in Korea because samples of this study were from mothers born in China and Vietnam. In addition, because the mothers were recruited in kindergarten and multicultural family support centers located in Seoul and Gyeonggi province, Korea, the findings from the study cannot be easily generalized and applied to mothers from Korea, China, and Vietnam who live in other parts of Korea.

Conflict of Interest

No conflict of interest is declared.

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